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Bib Data Sheet

CONFIRMATION NO. 8734

|                                    |   |                     |                                       |   |
|------------------------------------|---|---------------------|---------------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/032,966 | <b>FILING DATE</b><br>10/26/2001<br><b>RULE</b> | <b>CLASS</b><br>706 | <b>GROUP ART UNIT</b><br>2422<br>2121 | <b>ATTORNEY<br/>DOCKET NO.</b><br>01-PAN-05 |
|------------------------------------|---|---------------------|---------------------------------------|---|

## APPLICANTS

Earl D. Cox, Morrisville, NC;  
Xindong Wang, Columbia, MD;  
Shi-Yue Qiu, Ellicott City, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/243,470 10/27/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 02/04/2002

|  |  |                               |                      |                            |  |
|--|--|-------------------------------|----------------------|----------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NC                  | SHEETS<br>DRAWING<br>8        | TOTAL<br>CLAIMS<br>2 | INDEPENDENT<br>CLAIMS<br>2 |  |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                               |                      |                            |  |
| Verified and<br>Acknowledged   | Examiner's Signature<br><i>[Signature]</i> | Initials<br><i>[Initials]</i> |                      |                            |  |

## ADDRESS

Larson & Associates, P.C.  
221 East Church Street  
Frederick, MD 21701-5405

## TITLE

Adaptive feedback control in e-service management

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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